



REGIONAL COMMITTEE

Provisional Agenda item 9

*Seventy-second Session
New Delhi
2–6 September 2019*

SEA/RC72/13 Add. 2

12 July 2019

Progress reports on selected Regional Committee resolutions

The High-Level Preparatory Meeting held in New Delhi on 1–4 July 2019 reviewed the progress reports on the following selected Regional Committee resolutions:

1. South-East Asia Regional Health Emergency Fund (**SEA/RC60/R7**)
2. Expanding the scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) (**SEA/RC69/R6**)
3. Antimicrobial resistance (**SEA/RC68/R3**)
4. Patient safety contributing to sustainable universal health coverage (**SEA/RC68/R4**)
5. Challenges in polio eradication (**SEA/RC60/R8**)
6. Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level (**SEA/RC69/R1**)
7. Traditional medicine: Delhi Declaration (**SEA/RC67/R3**)
8. 2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining coverage (**SEA/RC64/R3**).

The related Regional Committee resolutions for each of the above-mentioned progress reports are submitted to the Seventy-second Session of the WHO Regional Committee for its information.

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC60/R7 SOUTH-EAST ASIA REGIONAL HEALTH EMERGENCY FUND

The Regional Committee,

Recalling World Health Assembly resolutions WHA58.1 and WHA59.22, and its own resolutions SEA/RC57/3 and SEA/RC58/3, all of which called for improved investments of resources, systems and expertise for emergency preparedness and response,

Further recalling the recommendations made at the Regional Consultation for Emergency Preparedness and Response (June 2006), at which the Bali Declaration called for setting up a Regional Emergency Fund, and the Twenty-fourth Health Ministers' Meeting, at which it was recommended that the Regional Office take steps to set up a Regional Emergency Fund,

Confirming that emergencies are a priority in the Region, with 58% of the total number of people killed in natural disasters during the decade 1996–2005 from countries of the South-East Asia Region; that the Organization has prioritized emergency preparedness and response, and that a dedicated Strategic Objective has been developed and Health Action in Crises has become a full-fledged cluster in WHO headquarters,

Noting that steps have been taken to create the Fund with a Working Group based in the Regional Office and a series of consultations conducted with WHO Representatives and representatives of Member countries,

Acknowledging the establishment of the South-East Asia Regional Health Emergency Fund (SEARHEF) as contained in the "Thimphu Declaration International Health Security in the South-East Asia Region",

Appreciating the contribution of US\$100 000 of the Royal Thai Government to the Fund, and

Having considered the recommendations made by the Joint Meeting of Health Secretaries of countries of the WHO South-East Asia Region and the Consultative Committee for Programme Development and Management, held during 2-6 July 2007,

1. URGES Member States:
 - (a) to contribute 1% of their WHO Regular budget allocation to the SEARHEF;
 - (b) to support proper use and management of the Fund to address immediate needs in any emergency, and
 - (c) to actively participate in the management and utilization of SEARHEF through its Working Group, and

2. REQUESTS the Regional Director:

- (a) to lead in the efficient implementation of the Fund so that financial support is provided for immediate needs in countries affected by events;
- (b) to support further resource mobilization for the Fund;
- (c) to have a transparent mechanism for the distribution of the Fund;
- (d) to facilitate linking the SEARHEF with planning and activities for Strategic Objective 5, and
- (e) to report annually to Member States at the Regional Committee on the status of the Fund usage.

RESOLUTION

OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC69/R6

EXPANDING THE SCOPE OF THE SOUTH-EAST ASIA REGIONAL HEALTH EMERGENCY FUND (SEARHEF)

The Regional Committee,

Recognizing the Sendai Framework for Disaster Risk Reduction and Sustainable Development Goals adopted by the UN General Assembly,

Recalling World Health Assembly resolutions WHA54.14, WHA58.1, WHA59.22, WHA64.10, WHA65.20, WHA68.5, Executive Board Special Session on Ebola EBS53.R1 and its own resolutions SEA/RC57/R3, SEA/RC60/R7, SEA/RC62/R5 and SEA/RC68/R2 which call for strengthening the resilience of national health systems in response to all hazards that may lead to emergencies and for improved investments of resources, systems and expertise for emergency preparedness and response,

Further recalling the recommendations made at the Regional Consultation for Emergency Preparedness and Response (June 2006), at which the Bali Declaration called for setting up a Regional Emergency Fund, and the Twenty-fourth Health Ministers' Meeting, at which it was recommended that the Regional Office take steps to set up a Regional Emergency Fund,

Acknowledging the establishment of the South-East Asia Regional Health Emergency Fund (SEARHEF) as established through Regional Committee resolution SEA/RC60/R7,

Reaffirming that emergencies remain a concern in the Region and recognizing SEARHEF as an important component for regional solidarity for support in times of acute emergencies and that Member States have commended the speed and flexibility provided by the funds,

Appreciating the contribution of Member States to continuously support SEARHEF with AC and VC funds,

Endorsing the report and the recommendations of the High-Level Preparatory Meeting of Member States in July 2016 to expand the scope of SEARHEF to include a preparedness stream that would strengthen key aspects such as disease surveillance, health emergency workforce and health emergency teams, IHR core capacities and SEARO Benchmarks for emergencies,

1. URGES Member States:

- (a) to endorse the expansion of the mandate of SEARHEF to include an additional stream covering preparedness;
- (b) to endorse the recommendations of and the proposed policy and guidelines for the preparedness stream of SEARHEF developed during the Fifth Meeting of the Working Group for Governance of SEARHEF (**Annex**);
- (c) to use the preparedness stream of SEARHEF to support critical capacities in preparedness that include but will not be limited to :
 - i. strengthening capacities defined by IHR and SEAR benchmarks in order to enable a full and effective response to emergencies with health consequences;
 - ii. ensuring that preparedness and risk reduction efforts across all hazards contribute to resilient health systems;
 - iii. strengthening disease surveillance capacity and data and information flows and sharing between local and national levels and with WHO at country, regional and global levels in order to ensure early reporting and detection;
 - iv. continue supporting the regional and sub-regional collaboration among disease surveillance networks within and across WHO regions;
 - v. building up local and national surge capacity by strengthening the health emergency workforce through establishment of systematic systems that include training, efficient recruitment and deployment;
 - vi. establish or strengthen multidisciplinary health emergency teams that can be deployed-in a timely manner;
- (d) to discuss within the internal government processes so as to mobilize resources to fund the preparedness stream of SEARHEF, and

- (e) to continuously participate in the management and utilization of SEARHEF through its Working Group, and
2. REQUESTS the Regional Director:
- (a) to facilitate discussion among Member States to determine the feasible options to fund the preparedness stream of SEARHEF;
 - (b) to support the implementation of the policy, guidelines and procedures drafted by the Working Group for the governance of SEARHEF
 - (c) to mobilize technical and operational assistance to the initiatives that the preparedness stream of SEARHEF will support
 - (d) to support resource mobilization efforts as guided by Member States, and
 - (e) to report annually to the Regional Committee on the progress of the preparedness stream of SEARHEF in conjunction with reporting on the response stream of SEARHEF .

Seventh session, 9 September 2016

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC68/R3

ANTIMICROBIAL RESISTANCE

The Regional Committee,

Having considered World Health Assembly resolution WHA68.7 on antimicrobial resistance and having reviewed the Global Action Plan on Antimicrobial Resistance adopted by the Sixty-eighth World Health Assembly,

Recalling World Health Assembly resolutions WHA51.17 on emerging and other communicable diseases: antimicrobial resistance, WHA54.14 on global health security: epidemic alert and response, WHA58.27 on improving the containment of antimicrobial resistance, WHA67.25 on antimicrobial resistance, and the Regional Committee resolution SEA/RC63/R4 on prevention and containment of antimicrobial resistance,

Aware that the health and economic consequences of antimicrobial resistance shall be immense for the Member States of the WHO South-East Asia Region,

Recognizing that combating antimicrobial resistance shall require political commitments, multisectoral coordination, sustained investment and technical assistance,

Underlining the pressing need for availability of new affordable antimicrobial medicines, vaccines and diagnostics, and monitoring the potency of available antibiotics,

Underscoring the need for strengthened cooperation among health professionals in antibiotic stewardship including infection prevention and control, appropriate use of antimicrobials and regular monitoring of the magnitude and profile of antimicrobial resistance; as well as engagement by the communities in responsible use of antibiotics through effective public

communication programmes, education and training in the human health, veterinary and agricultural sectors,

Appreciating the political commitment at the national and regional levels via the ministerial Jaipur Declaration of 2011 and subsequent inclusion of antimicrobial resistance in the Regional Director's flagship priorities in 2014,

1. URGES Member States:

- (a) to include antimicrobial resistance as one of the top priorities on their national health agendas;
- (b) to develop and implement a multisectoral national action plan on antimicrobial resistance in alignment with the Global Action Plan on Antimicrobial Resistance in the country context; and

2. REQUESTS the Regional Director:

- (a) to provide technical support to Member States in the development and implementation of national action plans in line with the Global Action Plan on Antimicrobial Resistance;
- (b) to assist Member States in mobilizing resources for sustainable implementation of national action plans on antimicrobial resistance;
- (c) to support the establishment of a regional surveillance network and provide technical support for the development and strengthening of national reference laboratories in human and animal sectors that contributes to the magnitude and profile of antimicrobial resistance in both sectors at the country and regional levels;
- (d) to build or strengthen capacity of Member States on the monitoring systems on the use of antimicrobials in human and animal sectors that contribute to national profiles and develop regional profiles;
- (e) to strengthen regional tripartite collaboration among WHO, FAO and OIE to support national collaboration to combat antimicrobial resistance; and
- (f) to submit to the WHO Regional Committee for South-East Asia reports on progress achieved in implementing this resolution in 2017 and in 2019; and conduct an assessment of regional achievements and challenges and present to the Seventy-fourth session of the Regional Committee in 2021.

Eighth session, 11 September 2015

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC68/R4

PATIENT SAFETY CONTRIBUTING TO SUSTAINABLE UNIVERSAL HEALTH COVERAGE

The Regional Committee,

Recalling Resolution RC59/R3 on promoting patient safety in healthcare,

Acknowledging that health services are still not as safe as they should be; that up to one in ten patients experience adverse events in health facilities, safety among health personnel is still a major concern, and that there are compelling health and economic arguments for improving patient safety,

Realizing that improved patient safety and quality of care are essential in gaining trust by the population, and an integral element in progressing towards universal health coverage, and further recognizing that improved quality and safety requires the engagement of stakeholders in particular patients and health professionals, and beyond health sector,

Recognizing barriers for improving patient safety, including reporting errors and adverse events, safety culture, effective communication and coordinated care among health professionals, and the need for a whole systems solution,

1. ENDORSES the Regional Strategy on Patient Safety (2016–2025)¹;

¹ Regional strategy for patient safety in the WHO South-East Asia Region, SEA-HSD-378
http://apps.searo.who.int/PDS_DOCS/B5187.pdf?ua=1

2. URGES Member States:

- (a) to translate the six strategic objectives of the Regional Strategy for Patient Safety in the WHO South-East Asia Region into actions, implementation, monitoring and evaluations in line with country context;
- (b) to engage all relevant stakeholders in building safer health-care facilities, creating and sustaining a culture of safety at all levels of health care;
- (c) to create awareness and engage patients and communities in the process of improved patient safety, in strengthening health systems and supporting UHC;
- (d) to consider allocating adequate resources to implement the country action plan; and

3. REQUESTS the Regional Director:

- (a) to provide technical support to Member States in implementing the Regional Strategy and country action plans;
- (b) to facilitate collaboration and the exchange of information and best practices between Member States, regional and global networks; and
- (c) to report progress, achievements and challenges in implementing this Resolution to the Regional Committee in 2017, 2019, and facilitate assessment of the patient safety in Member States in the Region, upon request, and report to the Regional Committee in 2021.

Eighth session, 11 September 2015

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC60/R8 CHALLENGES IN POLIO ERADICATION

The Regional Committee,

Recalling its resolution SEA/RC58/R6,

Reaffirming WHO's commitment to the goal of eradication of poliomyelitis,

Recognizing that substantial progress has been made in the Region towards the achievement of the goal of polio eradication in 2006, despite minor setbacks,

Encouraged by the high commitment of the Director-General of WHO to finish the job of polio eradication, coupled also with the strong commitment by Member States still endemic to polio to achieve the goal of eradication of poliomyelitis at any cost,

Further bolstered by the effectiveness of new tools such as the use of monovalent OPV (mOPV) and new strategies such as those outlined in the 2006 World Health Assembly resolution WHA59.1, to combat outbreaks of wild polioviruses or appearance of vaccine-derived polioviruses (VDPV),

Re-affirming that poliomyelitis eradication will result in far-reaching humanitarian and economic benefits to all countries, and

Realizing that sustainable polio eradication is only possible with a strong routine immunization programme that reaches all children with all routine antigens,

1. URGES Member States to strengthen the Expanded Programme on Immunization in order to maintain the highest surveillance levels and high routine immunization coverage as the best means to control the spread of polio virus and the outbreaks in the Region, and

2. REQUESTS the Regional Director:

- (a) to support/facilitate a thorough review of the status of routine immunization in Member countries to strengthen polio eradication efforts and to maintain polio-free status in those countries where polio is eradicated;
- (b) to convene a technical working group to evaluate the various options to prevent the spread of polio in the Region;
- (c) to seek and facilitate mobilization of financial resources for supporting the polio and routine immunization programme of Member States;
- (d) to support and facilitate Member States to maintain the highest surveillance levels and high routine immunization coverage as the best means to control the spread of polio virus and outbreaks in the Region;
- (e) to work with international agencies and the private sector so that newly developed polio vaccines are available at an affordable price, and
- (f) to report on the progress made in polio eradication to the Regional Committee on an annual basis until polio-free status is achieved in the Region.

RESOLUTION

OF THE
WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC69/R1

COLOMBO DECLARATION ON STRENGTHENING HEALTH SYSTEMS TO ACCELERATE DELIVERY OF NCD SERVICES AT THE PRIMARY HEALTH CARE LEVEL

The Regional Committee,

Having considered the Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level,

- (a) ENDORSES the Colombo Declaration on strengthening health systems to accelerate delivery of NCD services at the primary health care level (annexed to this resolution);
- (b) REQUESTS the Regional Director to submit an interim report and a full report on progress achieved in implementing the Colombo Declaration in 2019 and 2021 respectively..

Seventh session, 9 September 2016

COLOMBO DECLARATION

STRENGTHENING HEALTH SYSTEMS TO ACCELERATE DELIVERY OF NCD SERVICES AT THE PRIMARY HEALTH CARE LEVEL

We, the Health Ministers of Member States of the WHO South-East Asia Region participating in the Sixty-ninth Session of the WHO Regional Committee for South-East Asia in Colombo, Sri Lanka,

Concerned with the unacceptable and increasing trends of premature mortality, morbidity and disability caused by noncommunicable diseases (NCDs), primarily cardiovascular diseases, cancers, diabetes and chronic respiratory diseases in the South-East Asia Region;

Aware that cardiovascular disease, cancers, diabetes, chronic respiratory diseases and NCD risk factors all require a well-functioning health system and enabling environment to mount the appropriate common and disease-specific responses ranging from health promotion, prevention, early detection of risks and diseases to long-term care provision;

Cognizant of the fact that strengthening the delivery of integrated NCD management¹ in primary health care is the best approach to achieve universal health coverage – *beginning with those at highest risk and leaving no one behind*; and that the health-care systems of Member States have the potential to be better organized to manage the demographic and epidemiological transition that underpins NCDs;

Realizing that integrated NCD management at the primary health care level would strengthen the frontline health services while reducing the fragmentation and duplication of the vertical health programmatic approach;

Acknowledging that effective NCD management at the primary health care level requires appropriate mobilization, allocation and management of resources to strengthen the building blocks of health systems, including finances, workforce, medicines and technologies, infrastructure and information systems;

Reaffirming the Global and Regional Voluntary Targets for NCD Prevention and Control, and the time-bound commitment to strengthen and reorient health systems to address

¹ NCD management, hereby, refers to the process in dealing with all building blocks of the health system to provide comprehensive NCD service and care; ranging from prevention, promotion and rehabilitation as well as screening, early diagnosis and health education.

NCDs through people-centred primary health care systems by 2016, which includes achieving the national and regional targets of 80% availability of essential NCD medicines and technologies and 50% of high-risk populations receiving drug and counselling therapies by 2025.

We, the Health Ministers of Member States of the WHO South-East Asia Region, commit ourselves to:

1. *Improve access to and quality of integrated NCD management at the primary health care level by:*
 - Strengthening and upscaling key components of comprehensive NCD management at the primary health care level, including targeted screening for early diagnosis, health guidance and counselling to promote healthy choices and self-care, appropriate treatment, robust follow-up and management of referrals to secondary and tertiary levels of health care, and
 - Applying a risk-based approach, focusing on populations with high risks, and adapting the WHO PEN Interventions or other clinical protocols for screening, diagnosis and management of major NCDs (cardiovascular diseases, diabetes, cancers and chronic respiratory diseases) to accelerate the expansion of NCD services particularly to low-access population groups.
2. *Ensure adequacy and efficiency of resource mobilization and allocation to NCD management at the national and subnational levels by:*
 - Encouraging adequate budget allocation in the health sector for NCD management at primary health care services, and
 - Advocating for innovative and sustainable financing for NCD management, including dedicated taxation of health damaging commodities such as tobacco, alcohol and unhealthy foods and beverages, as an additional measure that can both reduce exposure to NCD risk factors as well as mobilize more resources for NCD prevention and control at the same time.
3. *Address the availability and accessibility of competent health workforces to manage NCDs at primary health care level, by prioritizing:*
 - The training and orientation of health workforce, based on defined NCD service delivery packages, especially frontline health workers and volunteers to provide a whole-of-family and life-course approach;
 - The promotion of participation of communities and local governments in comprehensive NCD management;

- The inclusion of NCD as a training component of any competency-based curricula for all categories of primary health care workforce;
 - The support of multidisciplinary teams in health facilities with clear terms of function;
 - The investment in the production of the primary care health workforce that can effectively adopt multi-tasking to meet the human resource gaps;
 - Support of the primary health care level health workforce to accommodate the increasing workload associated with management of NCDs;
 - The assurance of high-level supervised care by increasing the consultant coverage for NCD care at the primary care health level.
4. *Increase the availability of and access to essential medicines and basic technologies for NCD management at the primary health care level by:*
- Establishing, reviewing and updating the Essential Medicines List (EML) and devices needed to screen, diagnose and treat key NCDs at different levels of health care in line with standard treatment guidelines for NCDs;
 - Improving the affordability of essential medicines and basic technology for NCD management;
 - Strengthen the drugs and supplies monitoring system up to the primary health care level;
 - Reviewing and strengthening procurement policy and capacity, including guidelines, logistic information systems and monitoring mechanisms to ensure uninterrupted supply of essential medicines and diagnostic kits for NCDs.
5. *Strengthen and integrate health information systems for NCD services at all levels by:*
- Developing patient tracking systems, preferably IT-enabled, to facilitate clinicians and other health-care workers to provide patient-centred continuous quality care;
 - Developing continuous patient record for NCD patients, and promoting use of quality of care indicators;
 - Promoting research in need for NCD prevention and control, including implementation research;
 - Instituting and strengthening surveillance of NCD risk factors and monitoring and evaluation mechanisms to regularly assess the progress.

6. *Promote a multisectoral approach to address major social and environmental determinants of NCDs by:*
 - Strengthening advocacy, partnerships and leadership with government agencies and non-State actors to address the major risk factors leading to NCDs, from early years of life;
 - Develop mechanisms for evolving and accelerating the implementation of risk-reduction strategies, healthy public policies and population-based interventions for tobacco, alcohol, high intake of saturated fats/trans fats, sugar and salt, and increasing intake of fruits and vegetables, promotion of physical activity and non-sedentary behaviour and promotion of healthy behaviours in the general population and in key settings at educational institutes, in particular through strengthening of school health programmes, as well as at workplaces and at community level;
 - Enhancing the roles of community-based organizations and community leaders in addressing the social determinants of health, taking into account the socioeconomic and cultural context.
7. *Support knowledge and experience-sharing mechanisms, including national and international learning processes.*
8. *Establish a high-level national multisectoral taskforce to monitor and ensure the implementation of this Ministerial Declaration and report back in a timely manner.*

We, the Health Ministers of Member States of the WHO South-East Asia Region, request the WHO Director-General and the Regional Director for South-East Asia Region to continue to provide leadership and technical support in building partnerships between governments, United Nations agencies, relevant global health initiatives, bilateral and multilateral agencies, and with academia, professional bodies, civil society organizations, nongovernment organizations, related sectors and the media, to jointly advocate, provide technical and financial support, and effectively follow up on all aspects of this Colombo Declaration.

Colombo, Sri Lanka, 9 September 2016

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC67/R3

TRADITIONAL MEDICINE: DELHI DECLARATION

The Regional Committee,

Having considered the Delhi Declaration on Traditional Medicine adopted on 13 February 2013 by the 11 Member States of the WHO South-East Asia Region,

Recalling World Health Assembly resolutions WHA22.54, WHA29.72, WHA30.49, WHA31.33, WHA40.33, WHA41.19, WHA42.43, WHA 44.34, WHA54.11, WHA56.31, WHA61.21 and WHA62.13, and in particular Regional Committee resolution SEA/RC56/R6 on traditional systems of medicine which requested the Regional Director to assist Member States in developing/strengthening national policies, strategies and plans of action on traditional systems of medicine,

Acknowledging the WHO Traditional Medicine Strategy 2014–2023 that was endorsed in World Health Assembly resolution WHA67.18,

Recognizing that traditional medicine and traditional medicine practitioners have substantial potential to contribute to improving health outcomes in Member States of the South-East Asia Region,

Recognizing that some Member States in the South-East Asia Region are poised, within country for specific types of traditional medicine, to pursue a harmonized approach towards education, practice, research, documentation and regulation of traditional medicine, and

Noting that the International Conference on Traditional Medicine for Member States of the South-East Asia Region took place on 12–14 February 2013 and the Delhi Declaration on Traditional Medicine adopted on 13 February 2013,

1. URGES Member States:

- (a) to consider implementing the Delhi Declaration on Traditional Medicine 2013 in accordance with national capacities, priorities, relevant legislation and circumstances, as follows:
- (i) promoting national policies, strategies and interventions for equitable development and appropriate use of traditional medicine in the health-care delivery system;
 - (ii) developing institutionalized mechanisms for exchange of information, expertise and knowledge on traditional medicine with the active cooperation of WHO through workshops, symposia, visits of experts, exchange of literature etc.;
 - (iii) pursuing a harmonized approach for the education, practice, research, documentation and regulation of traditional medicine and involvement of traditional medicine practitioners in health services;
 - (iv) exploring the possibility of promoting mutual recognition of educational qualifications awarded by recognized universities, pharmacopoeias, monographs and relevant databases of traditional medicine;
 - (v) encouraging the development of common reference documents on traditional medicine for Member States of the South-East Asia Region;
 - (vi) developing regional cooperation for training and capacity-building of traditional medicine experts;
 - (vii) encouraging sustainable development and resource augmentation of medicinal plants in Member States of the South-East Asia Region;
 - (viii) establishing regional centres as required for capacity-building and networking in the areas of traditional medicine and medicinal plants, and
 - (ix) exchanging views, experiences and experts for integration of traditional medicine into national health systems in accordance with national policies and regulations.
- (b) to adapt and implement the WHO Traditional Medicine Strategy 2014–2023 taking into account national capacities, priorities and legislation;

- (c) to integrate, as appropriate, traditional medicine into the mainstream health-care systems in order to contribute to universal health coverage; and
 - (d) to strengthen systems, particularly pharmacovigilance systems, to ensure that all available traditional medicine products meet safety, efficacy and quality standards.
2. REQUESTS the Regional Director:
- (a) to support Member States, as appropriate, in implementing the Delhi Declaration on Traditional Medicine and the WHO Traditional Medicine Strategy 2014-2023;
 - (b) to support Member States, as appropriate, to strengthen systems, particularly pharmacovigilance systems, to ensure that all available traditional medicine products meet safety, efficacy and quality standards;
 - (c) to allocate adequate funds in accordance with the WHO Programme Budget towards implementation of the Delhi Declaration on Traditional Medicine and the WHO Traditional Medicine Strategy 2014–2023 in Member States of the South-East Asia Region;
 - (d) to provide policy and technical guidance in the promotion of traditional medicine on harmonized lines for each type of traditional medicine in the Region; and
 - (e) to report on the progress of the implementation of WHO Traditional Medicine Strategy 2014–2023 to the Seventy-second and Seventy-seventh sessions of the Regional Committee for South-East Asia in 2019 and 2024.

Sixth session, 12 September 2014

RESOLUTION

OF THE

WHO REGIONAL COMMITTEE FOR SOUTH-EAST ASIA

SEA/RC64/R3

2012: YEAR OF INTENSIFICATION OF ROUTINE IMMUNIZATION IN THE SOUTH-EAST ASIA REGION: FRAMEWORK FOR INCREASING AND SUSTAINING COVERAGE

The Regional Committee,

Recalling World Health Assembly resolutions WHA 53.12 on immunization as a major factor in promoting child health and WHA 58.15 on Global Immunization Vision and Strategy,

Recalling the target adopted at the United Nations General Assembly's Twenty-seventh special session on children (S-27/2, 2002) to ensure full immunization of children under one year of age, at 90% coverage nationally, with at least 80% coverage in every district or equivalent administrative unit,

Recognizing the progress made in the Region in protecting children from vaccine-preventable diseases through close partnerships with Member States, development agencies and other stakeholders,

Concerned that globally over 40% of the children who do not receive DPT 3 in their first year of life live in the South-East Asia Region,

Taking pride in the milestones achieved in the Region on polio eradication and reduction of measles mortality,

Considering that most Member States have recognized immunization as a public good, basic human right and a valuable tool in accelerating progress towards achieving the Millennium Development Goal of reducing by two-thirds by 2015, the under-five mortality rate,

Reiterating that high-level advocacy and intense social mobilization contribute to increased demand for immunization services and appropriately informed populations,

Cognizant that decentralized health systems and certain health reforms may affect immunization programmes,

Concerned with inadequate allocation of resources in national and sub-national health budgets to implement the necessary activities, and

Having considered "2012: Year of Intensification of Routine Immunization in the South-East Asia Region: Framework for increasing and sustaining immunization coverage" (SEA/RC64/8 Inf.Doc.),

1. URGES Member States:

- (a) to declare 2012 as the Year of Intensification of Routine Immunization while agreeing to implement, and mobilize and allocate the needed resources to successfully overcome the challenges identified in the Framework for increasing coverage in the South-East Asia Region;
- (b) to support organizing an annual regional immunization week in April as one of the major advocacy activities in regional intensification of routine immunization in 2012 and as part of a growing global and multi-regional movement designed to raise awareness of the benefits of immunization by increasing access and demand while targeting under-served populations and cross-border collaboration;
- (c) to ensure that routine immunization remains a priority on the national health agenda and is supported by systematic planning, implementation, monitoring and evaluation and long-term financial commitment through establishment of a specific budget line for immunization in national budgets;
- (d) to develop national and sub-national level plans of action based on risk analysis to intensify routine immunization coverage in line with agreed immunization targets expressed in the United Nations General Assembly special session on children, and targets in the Framework for increasing and sustaining coverage;

- (e) to encourage and inform senior policy makers and stakeholders of the benefits of improving and sustaining immunization programmes, and
 - (f) to continue to collaborate with development partners to explore the introduction of new vaccines in expanded programmes for immunization through evidence-based disease burden studies, cost-effectiveness analysis and sustainability, and
2. REQUESTS the Regional Director:
- (a) to officially launch 2012 as the Year of Intensification of Routine Immunization in South-East Asia and support and promote major advocacy activities in regional intensification of routine immunization in 2012;
 - (b) to mobilize resources from donors and development partners and support Member States in resource mobilization and implementation of the Framework, to further intensify technical support to Member States to strengthen their capacity to increase and sustain immunization coverage within the framework of primary health care and health system strengthening by focusing on high-priority and low-coverage areas;
 - (c) to pursue a multisectoral approach to ensure collaboration between Member States, development partners and technical agencies and to mobilize adequate resources to intensify routine immunization coverage in the Region;
 - (d) to facilitate purchase of quality vaccines at affordable rates, especially for countries with limited capacity for negotiation with suppliers, and sharing of experiences between Member States, and
 - (e) to report annually to the Regional Committee on the progress towards achievement of the immunization targets adopted in the Framework.

Fifth meeting, 9 September 2011